

23. The Power of Attorney in the Prior Application includes: _____

☐ Recognize as Associate Attorney: _____
Attorney Registration No.
and address future correspondence to same as indicated in Box 21.

The invention was made by an agency of the U. S. Government or under a contract with an agency of the U. S. Government.

☒ No.
☐ Yes, the name of the U.S. Government agency and the Government contract number are: _____.

(preferred arrangement of specification set forth below)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2003</h3> <p style="margin: 0; font-size: small;">Patent fees are subject to annual revision.</p>		Complete if Known	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Application Number	Unknown
TOTAL AMOUNT OF PAYMENT (\$) 1224.00		Filing Date	August 5, 2003
		First Named Inventor	Hari Babu Sunkara
		Examiner Name	Unknown
		Group / Art Unit	Unknown
		Attorney Docket No.	SO-0021 US NA

<p>METHOD OF PAYMENT (check all that apply)</p> <p> <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None </p> <p><input checked="" type="checkbox"/> Deposit Account:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Deposit Account Number: 04-1928 </div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Deposit Account Name: E. I. du Pont de Nemours and Company </div> <p>The Commissioner is authorized to: (check all that apply)</p> <p> <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account </p> <p style="text-align: center;">FEE CALCULATION</p> <p>1. BASIC FILING FEE</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>750</td> <td>2001</td> <td>375</td> <td>Utility filing fee</td> <td>750.00</td> </tr> <tr> <td>1002</td> <td>330</td> <td>2002</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>1003</td> <td>520</td> <td>2003</td> <td>260</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>1004</td> <td>750</td> <td>2004</td> <td>375</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$ 750.00)</td> </tr> </tbody> </table> <p>2. EXTRA CLAIM FEES</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Claims</td> <td>37</td> <td>-20**</td> <td>=</td> <td>17</td> <td>X</td> <td>Fee from below</td> <td>18</td> <td>=</td> <td>306</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>-3**</td> <td>=</td> <td>2</td> <td>X</td> <td>84</td> <td>=</td> <td>168</td> </tr> <tr> <td>Multiple Dependent</td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> <td>X</td> <td>280</td> <td>=</td> <td>0</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>1203</td> <td>280</td> <td>2203</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>1204</td> <td>84</td> <td>2204</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;">SUBTOTAL (2)</td> <td>(\$ 474.00)</td> </tr> </tbody> </table> <p style="font-size: small;">**or number previously paid, if greater; For Reissues, see above</p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1001	750	2001	375	Utility filing fee	750.00	1002	330	2002	165	Design filing fee		1003	520	2003	260	Plant filing fee		1004	750	2004	375	Reissue filing fee		1005	160	2005	80	Provisional filing fee		SUBTOTAL (1)					(\$ 750.00)	Total Claims	37	-20**	=	17	X	Fee from below	18	=	306	Independent Claims	5	-3**	=	2	X	84	=	168	Multiple Dependent	<input type="checkbox"/>				X	280	=	0	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	84	2201	42	Independent claims in excess of 3		1203	280	2203	140	Multiple dependent claim, if not paid		1204	84	2204	42	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					(\$ 474.00)	<p>3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Steven H. Markowitz	Registration No. Attorney/Agent	27,095	Telephone	(302) 984-6139
Signature		Date	August 5, 2003		

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Certificate of Express Mailing

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Mail Stop: Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on August 5, 2003
Date


Signature

JEANNETTE Y. RAYFIELD

Type or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Polytrimethylene Ether Glycol With Excellent Quality From Biochemically-Derived 1,3-Propanediol

Application No.: Unknown

Filing Date: August 5, 2003

First Named Inventor: Hari Babu Sunkara et al.

Group Art Unit: Unknown

Examiner: Unknown

Attorney Docket: SO-0021 US NA

Application – 21 pages

Fee Transmittal

Declaration/Power of Attorney (not executed)

Authorization to charge Deposit Account 04-1928

Postcards